
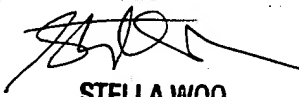
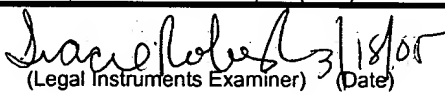



<b>Issue Classification</b> 	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/849,775	LEACH, MARK A.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Stella L. Woo	2643	

ISSUE CLASSIFICATION										
ORIGINAL					CROSS REFERENCE(S)					
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
379		106.01			379	106.04	39	40		
INTERNATIONAL CLASSIFICATION										
H	0	4	M	11/00						
				/						
				/						
				/						
				/						

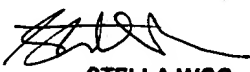
  

_____ (Assistant Examiner) (Date)		 <b>STELLA WOO</b> <b>PRIMARY EXAMINER</b> (Primary Examiner) (Date)	<b>Total Claims Allowed: 145</b>	
 (Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62	28	121
3	3		33		63	29	122
4	4		34		64	30	123
6	5		35		65	44	124
7	6		36		66	9	95
8	7		37		67	10	96
13	8		38		68	11	97
14	9		39		69	12	98
15	10		40		70	20	99
16	11		41		71	21	100
17	12		42		72	22	101
18	13		43		73	5	102
19	14		44		74	23	103
	15		45		75	24	104
	16		46		76	25	105
	17		47		77	31	106
	18		48		78	32	107
	19		49		79	33	108
	20		50		80	34	109
	21		51		81	35	110
	22		52		82	36	111
	23		53		83	37	112
	24		54		84	38	113
	25		55		85	39	114
	26		56		86	40	115
	27		57		87	41	116
74	28		58		88	42	117
	29		59		89	43	118
	30		60		90	26	119
						27	120
						68	148
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						117	207
						118	208
						119	209
						134	210

<b>Issue Classification</b> 	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/849,775	LEACH, MARK A.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Stella L. Woo	2643	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
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INTERNATIONAL CLASSIFICATION									
H	0	4	M	11/00					
				/					
				/					
				/					
				/					

_____ (Assistant Examiner) (Date)		 <b>STELLA WOO</b> <b>PRIMARY EXAMINER</b> (Primary Examiner) (Date)	<b>Total Claims Allowed: 145</b>	
_____ (Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		
135	211			241			271			301			331			361			391		
136	212			242			272			302			332			362			392		
137	213			243			273			303			333			363			393		
138	214			244			274			304			334			364			394		
139	215			245			275			305			335			365			395		
140	216			246			276			306			336			366			396		
141	217			247			277			307			337			367			397		
142	218			248			278			308			338			368			398		
143	219			249			279			309			339			369			399		
144	220			250			280			310			340			370			400		
145	221			251			281			311			341			371			401		
	222			252			282			312			342			372			402		
	223			253			283			313			343			373			403		
	224			254			284			314			344			374			404		
	225			255			285			315			345			375			405		
	226			256			286			316			346			376			406		
	227			257			287			317			347			377			407		
	228			258			288			318			348			378			408		
	229			259			289			319			349			379			409		
	230			260			290			320			350			380			410		
	231			261			291			321			351			381			411		
	232			262			292			322			352			382			412		
	233			263			293			323			353			383			413		
	234			264			294			324			354			384			414		
	235			265			295			325			355			385			415		
	236			266			296			326			356			386			416		
	237			267			297			327			357			387			417		
	238			268			298			328			358			388			418		
	239			269			299			329			359			389			419		
	240			270			300			330			360			390			420		